



**LICENSING AGENCY REQUEST**

**MAIL REQUESTS TO:**  
  
**ADMINISTRATIVE OFFICE OF THE COURTS  
RECORDS UNIT  
100 MILLCREEK PARK  
FRANKFORT, KENTUCKY 40601  
502- 573-1682 or 800-928-6381**

The process to obtain the information contained in CourtNet is as follows:

**Individuals for License**

Requesting a record on yourself for the purpose of obtaining a License requires a **\$10.00 fee (check or money order)**. Enclose a self addressed stamped envelope for information to be sent to the Licensing Agency and an addressed envelope for your return reply or provide e-mail addresses in place of envelopes.

**Fees are paid to the order of the KENTUCKY STATE TREASURER by check or money order ONLY. FAILURE TO COMPLY WITH THESE PROCEDURES WILL RESULT IN THE REQUEST BEING RETURNED UNPROCESSED.** If you suspect information contained on the record is incorrect, or have any questions, please contact the Records Unit at (502) 573-1682 or (800) 928-6381.

PLEASE **PRINT OR TYPE** THE INDIVIDUALS INFORMATION **CLEARLY**.

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DLN: \_\_\_\_\_

NAME: \_\_\_\_\_

MAIDEN NAME(S) AND/OR ALIAS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

STREET ADDRESS / P.O. BOX: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

***I understand that failure to accurately provide the information requested may result in my prosecution under K.R.S. 523.100. I have provided the basic information necessary to qualify for record processing.***

\_\_\_\_\_  
Requestor/Contact Person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
City, State, Zip